MAGISTRATE JUDGE NOLAN

JAN 1 9 2005 86

Change of Beneficiary By Insured Use this form only if the insured is the Policyowner. Do not use this form for a Joint Lite Policy Survivorship Whole Lite Policy or to change the beneficiary of a rider Customer Service Center Please Print or Type Information. 906 33 0155 Policy Number(s)_ PEGGY GOODMAN □ Divorce □ Correction ■ Naturalization Court Order Print new name: (Middle) (Last) IMPORTANT NOTE: If any Beneficiary or Contingent Beneficiary is a minor at the time of the Insured's death, MetLife may not be able to make payment until a guardian of the estate of the minor has been appointed. I revoke any previous designation of Beneficiary and Contingent Beneficiary under the above policy and any previous election of an optional mode of settlement (optional income plan) that applies to any amount payable under the policy in the event of my death I name the following Revocable Beneficiary(ies) to receive any amount payable under the policy in the event of my death: Share % (Leave blank for equal distribution) Pielo F1151 Individual's Hame HD WHITE MELVIN Retationship to Insured SSWEIN Gendet Date of Buth 🔀 Moto ☐ Female GRAND CHILD Zip Code Province/Territory C Primary Residence C Business C Malking C Other Sinte Street Country of Cilizanship F.PAsi Address Home Phone (252) 438-6246 Business Phone & Ext. Share % (Leave blank for equal distribution) Middle Last Individuals Name 30 ZILLIAN GOODMAN Relationship to Insured SSIVEIN Date of Blath □ Male Fernale GRAND DAVGHTER Siale , Zip Coda Province/Territory □ Primary Residence □ Business □ Mailing □ Other E-PABII Address Country of Cilizenship Home Phone (7.00) 897 -0478 Business Phone & Ext. Share % (Leave blank for equal distribution) Middle انتا 5ulliz Füst Individual's Name Prelb <u> 30</u> Gender SSIVEIN Date of Burth **₹** Female GRAND DAVGHTER ☐ Male ☐ Palmary Residence ☐ Business ☐ Mailang ☐ Other Province/Territory Zin Code Il Foreign: Clry State Street Country of Cilizenship Home Phone (708) 841-0475 E Mail Address Business Phone & Ext. (Sliare % (Leave blank for equal distribution) Middle 125t Individual's liama Retationship to insured SSIVEIN Geadei Date of Buth ☐ Mate ☐ Female Zip Code Province/Territory ☐ Primary Residence ☐ Business ☐ Mailing ☐ Other City Stale Street Country of Chicesship E-JAall Address Home Phone (Business Phone & Ext. If you wish to designate more than 4 Revocable Beneficiaries, contact Hijb Methile Beneficiary & Ownership Unit for a form which can be used to accommodate this request. inilial form here <u>and</u> sign on last page

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Page 1 of 3, incomplete without page 2 and 3

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Page 3 of 3, incomplete without page 1 and 2

Case 1:07-cv-06995 Document 15-5 Filed 06/03/2008 Page 6 of 6